

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 263

Primary Registration District No. 5858

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Marionville Graham
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) Most of Life

3. (a) PRINT FULL NAME Marion Franklin Linville

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced MS

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Aug 3 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 12 If less than one day hr. min.

9. Birthplace Skidmore Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farm hand

11. Industry or business

12. Name John Henry Linville

13. Birthplace Skidmore Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Henshla Riley

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant A. C. Linville

(b) Address Graham Missouri

17. (a) Burial (b) Date thereof 5-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves Cemetery

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 957 South Main Marionville Mo

19. (a) May 17-43 (b) Wm Ralph Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Graham Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1 Mile East 1 Mile North
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1943 hour 3 PM minute 30 M.

21. I hereby certify that I attended the deceased from May 10, 1943, to May 15, 1943;
that I last saw him alive on May 15, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to Influenza

Due to 830

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature E. L. Morgan (c) (M. D. or other)

Address Graham Mo Date signed 5/17/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*William Campbell*.....

Licensed Embalmer No.....*2620*.....

P. O. Address.....*Manville Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.